

BAPTISM REGISTER

Today's Date: _____

Name of Child: _____

Child's Date of Birth: ___ / ___ / ___ Place of birth: _____

Residence: _____

City: _____ Zip: _____

Home Telephone Number: () _____

Father's Work Telephone Number: () _____

Father's email: _____

Mother's Work Telephone Number: () _____

Mother's e-mail: _____

Father's Name: First _____ Last _____

Religion of Father: _____

Father's Place of Birth: _____

Mother's Maiden Name: First _____ Last _____

Religion of Mother: _____

Mother's Place of Birth: _____

Were parents married by a Catholic priest or deacon? _____

Godfather: _____ Catholic? _____

Godmother: _____ Catholic? _____

Has the child been previously baptized? _____

Preferred date and time of baptism: _____

Special needs or considerations? _____